

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9878**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1312**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rock Quarry-near 3300 Denver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--** (Specify whether
In this community **43 Years**
years, months or days)

3. (a) PRINT FULL NAME **Mr. Alfred Roy Meyer** **600**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Mrs. Ada Meyer** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **September 20 1896**
(Month) (Day) (Year)

8. AGE: Years **43** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Garage Operator**

11. Industry or business **--**

12. Name **Christian Walter Meyer**

13. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Mankameyer**

15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl C. Peterson**

(b) Address **6016 Tracy**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 26, 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Mch 25, 1940** (Date received local registrar) (b) **M. M. Browne** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ellison Hotel-Armour & Broad-**
(If rural, give location) **way**
(e) If foreign born, how long in U. S. A? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24th**
year **1940** hour **--** minute **--** M.

21. I hereby certify that I attended the deceased from **9:00 P.M.**
that I last saw him alive on **March 24, 1940**
and that death occurred on the date and hour stated above.
Immediate cause of death **Carbolic acid poisoning**
Duration

Due to **163**
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **3-24-40**
(c) Where did injury occur? **K.C. Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or in public place?

While at work (Specify type of place) (e) Means of injury **5**
23. Signature **Arthur H. Miller** (M. D. or other)
Address **15. C. Mo** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.